

RECEIVED

JUN 26 2002

TECH CENTER 1600/2900

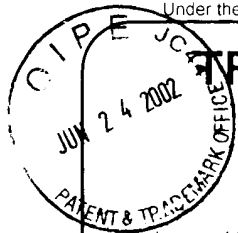
PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box ☐

Approved for use through 10/31/02. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number Of Pages In This Submission

6

Application Number

10/021,820

Filing Date

December 13, 2001

First Named Inventor

Kin-Ping WONG

Group Art Unit

1619

Examiner Name

Not Yet Assigned

Attorney Docket No.

AN 2004.00

**ENCLOSURES (check all that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form  | <input type="checkbox"/> Assignment Papers<br>(for an Application)                         | <input type="checkbox"/> After Allowance Communication to Group  |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                                |
| <input type="checkbox"/> Amendment / Reply   | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)                      |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition  | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declarations                                     | <input type="checkbox"/> Petition to Convert to a Provisional Application                  | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                                   | <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>30 references, postcard receipt |
| <input type="checkbox"/> Express Abandonment Request                                 | <input type="checkbox"/> Terminal Disclaimer   |  |
| <input checked="" type="checkbox"/> Information Disclosure Statement w/<br>PTO 1449B | <input type="checkbox"/> Request for Refund  |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                      | <input type="checkbox"/> CD, Number of CD(s) _____   |  |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application        | Remarks  |  |
| <input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53      |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm

or

Individual Name

Antoinette F. Konski  
McCutchen Doyle Brown & Enersen LLP  
Three Embarcadero Center, Suite 1800  
San Francisco, CA 94111-4067

Signature

Date

June 17, 2002

**CERTIFICATE OF MAILING**I hereby certify that this paper or fee is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: June 17, 2002.

Mary R. Zimmerman

Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.